

PROGRAM MEMBERSHIP APPLICATION

Date: _____

HEALTHY LIVING STARTS HERE Cumberland Cape Atlantic YMCA Last Revised: June 2020.



PRIMARY MEMBER DETAILS (Please Print) TELL US ABOUT WHICH ADULT WILL BE RESPONSIBLE FOR THE MEMBERSHIP

First Name: _____ MI _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Birthdate: ____/____/____ Primary Phone: ____-____-____

Email: _____ (We will use email to communicate important information)

Employer: _____ Business Phone: ____-____-____ ext. _____

Active Inactive Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

What is your reason(s) for joining the Y? (Choose all that apply)

CHILD CARE Before & After Care Holiday Care YMCA Summer Camp

YOUTH SPORTS Youth Sports Youth Programs (Youth Dance, Nerf Wars, Superheroes, etc...)

AQUATICS Swim Lessons Senior Swim Summer Swim Team Water Exercise Classes

HEALTHY LIVING Group Exercise Classes Sunday Morning Basketball

Please List all Dependents and/or Additional Adults to be listed to your account (Please Print)

Photo ID and proof of residence is required for all adults. All minors must be legal dependents of an active adult member on the same account. Dependents include any child 25 or younger that the Primary Member has legal guardianship of and resides in the same household. Active Members will determine your membership type and rate. Inactive Members may be listed given they meet membership requirements to allow for rapid check in when visiting.

Dependent 2ND Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Phone: ____-____-____ Email: _____ Active Inactive

Dependent Additional Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Phone: ____-____-____ Email: _____ Active Inactive

Dependent Additional Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Phone: ____-____-____ Email: _____ Active Inactive

Dependent Additional Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Phone: ____-____-____ Email: _____ Active Inactive

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Gender:** Male Female **Race:** African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Phone: ____-____-____ **Email:** _____ Active Inactive

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Gender:** Male Female **Race:** African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Phone: ____-____-____ **Email:** _____ Active Inactive

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Gender:** Male Female **Race:** African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Phone: ____-____-____ **Email:** _____ Active Inactive

EMERGENCY CONTACT INFORMATION (Please list a person not on your membership, but who is local, who we can contact in case of emergency if we are unable to reach the other adults in your household)

Name: _____ **Relationship:** _____ **Phone:** _____

Please share any other information which would be valuable in the event of an emergency: _____

CUMBERLAND CAPE ATLANTIC YMCA PROGRAM MEMBERSHIP APPLICATION AGREEMENT

Program Memberships are available to members who only want to register for select programs. This membership does NOT include access to the facility or facility benefits outside of the program the participant is registered for. This membership requires a one-time annual fee that must be renewed prior to expiration to avoid lapse in membership. Members must renew their program memberships in advance at the time of any program registration if their program membership is scheduled to expire during the session they are registering for.

PROGRAM MEMBERSHIP TYPE:

Youth/Teen (1 single child) \$30 Adult (1 person 18+) \$40 Family (2+ children/adults or up to 2 adults and 6 dependents) \$55

PAYMENT TYPE: Full Payment is due at the time of enrollment Cash Check Credit/Debit

Please Read & Initial Below (Copies of all documents are available upon request):

_____ I have read, signed, and submitted the Release & Waiver of Liability and Indemnity Agreement (Page 2)

_____ I have read, signed, and submitted the YMCA Member Code of Conduct (page 4)

_____ I have received my YMCA Member Handbook

Primary Member Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Staff Initials: _____ **Membership ID:** _____

Program Membership Activated Date: _____ **Program Membership will expire on:** _____